

MANAGEMENT BRIEF provides VA senior management with a timely and concise summary of an important HSR&D finding or publication.

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Accounting for practice variation for patients with diabetes

The effect of provider profiling on changing practice patterns has been mixed. Patient care depends on both the individual health care provider and the health care system, yet most studies on practice variation profile only the individual practitioners. Findings from an HSR&D study recently published in *Health Services Research* looked at the amount of variation in the care of veteran patients with diabetes, and then evaluated the amount of variation attributable not only to their primary care provider (PCP), but also to the provider group and facility. Investigators assessed pharmacy, laboratory, and primary care provider data available through the Veterans Health Information Systems and Technology Architecture (VistA) – a local clinical information system used by all VAMCs. Data used in this study included more than 12,000 patients, 258 primary care providers, 42 provider groups, and 13 facilities. Overall, findings show that the facilities are doing well in providing care for patients with diabetes. For example, findings indicate that more than 80% of the patients had an HbA1c obtained within the past year, 57% had a lipid panel done, and nearly 40% had their LDL-C measured. However, although investigators found little variation in diabetes care practices attributable to PCPs, there was a fair amount of variation among facilities. This suggests that increased emphasis on constructing and examining facility/clinic level profiles may be more productive than profiling individual providers. This is in contrast to what many sectors of the greater health care industry are doing -- conducting campaigns to profile individual health care providers as a way to contain costs and control practice variation, thus improving the quality of care. Study results also suggest that the development and use of quality indicators that support and promote specific, high-priority clinical actions may be a more effective way to improve the quality of care for patients with diabetes.

Krein SL, Hofer TP, Kerr EA, Hayward RA. *Whom should we profile? Examining diabetes care practice variation among primary care providers, provider groups, and health care facilities.* *Health Services Research* 2002 Oct;37(5):1159-80.

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